

**ATSDR**  
AGENCY FOR TOXIC SUBSTANCES  
AND DISEASE REGISTRY

## PROTECTING AMERICA'S HEALTH FROM TOXIC EXPOSURES

**MISSION:** Serve the public by using the most current science, to respond to health concerns,  
and provide health information

**Anaconda Montana May 10, 2018**  
**Listening Session**  
**What we heard. Actions under Consideration.**

Kai Elgethun, PhD MPH  
David Dorian, MS Env Eng

Agency for Toxic Substances and Disease Registry (ATSDR)

Summary for the EPA Region 8 Administrator  
June 13, 2018  
Denver, CO

Agency for Toxic Substances and Disease Registry  
U.S. Department of Health and Human Services

Good evening, and welcome, everyone.

Introduce ourselves, the agency and the term "ATSDR."

The purpose of this meeting is to explain the results of ATSDR's Health Consultation and answer any questions about ATSDR and our work in Fillmore.

## ATSDR Objectives for Listening Session in Anaconda

Identify precisely health concerns that lead to call for a “Health Study.” Deploy expertise from a variety of disciplines to assist community in formulating questions in a vocabulary consistent with public health practice.

### **ATSDR, Montana DPPHS, and Anaconda Deer Lodge DPH are working in partnership.**

- Montana DPPHS is a COOP partner. Also, their state epidemiologist is best qualified to evaluate data from the state tumor registry.
- ATSDR and MT DPPHS have strong ties to the local health department, a partnership critical to long term success.



The Comprehensive Environmental Response, Compensation, and Liability Act, known as Superfund and also nicknamed CERCLA was passed by congress in 1980

Superfund gave EPA the responsibility for identifying, investigating, and cleaning up National Priorities List sites.

But it also mandated the creation of the Agency for Toxic Substances and Disease Registry (ATSDR) – a non regulatory, public health agency with key functions:

- Health assessments
- Tox profiles
- Epi Studies
- Registries and medical surveillance

I'll go over several of these functions throughout this presentation.

The Superfund Amendments and Reauthorization Act (SARA) of 1986 established the Superfund Research Program within the National Institute of Environmental Health Sciences (NIEHS) for the purpose of providing the critical basic information needed by EPA and ATSDR to ensure protection of human health and establish proper cleanup levels.

EPA, ATSDR, and SRP are joined at the hip.

## Interdisciplinary Approach at Anaconda Listening Session



### Staff Expertise Deployed:

- ATSDR Toxicologists (2)
- Environmental Engineering
- ATSDR MD and Medical Epidemiologist
- Health Education and Community Engagement
- Local Public Health Agency
- State Epidemiologist and Toxicologist
- NIOSH Industrial Hygienist for Occupational Exposure
- Federally funded state program in addition



The type of work we do at ATSDR is not simple, we draw on expertise from many scientific fields. Just as an airport ground crew, with a variety of specialized expertise, works together to ensure the successful take-off and landing of an airplane, ATSDR brings together a variety of experts to ensure the public's health and safety. From toxicology to engineering to environmental medicine to epidemiology. And then we draw on years of expertise in health education and community engagement to make sure that the science is understandable to people dealing with environmental issues in their communities.

In my short time at ATSDR, I quickly recognized the many top notch scientists and Environmental Health professionals who go above and beyond to help people in communities.

## Community Concerns Expressed

Participation: About 70

### Key Community Health Concerns

- Pathways of continued exposure to arsenic:
  1. Dust from slag piles (air quality concern)
  2. Attic dust
  3. Uptake through game
  4. Gardening
  5. In water (municipal water line and private wells)
- Increased Cancer Rates
- Increase neurodegenerative diseases such as MS

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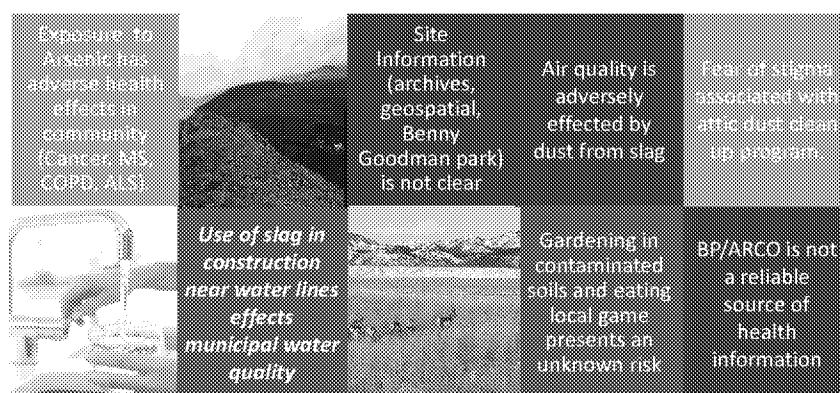
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## Community Concerns Identified



Health assessors try to work with cleanup authorities/enforcement agencies from the beginning of our evaluation. We can offer input on work plans to make sure planned sampling will give data that can answer public health questions, and we also provide timely input into implications of data as it comes in – that is, if we see something of public health concern, we won't wait for a final report to alert authorities or take action.

ATSDR's involvement at a site can lend support to cleanup actions regulatory agencies want to undertake or may justify actions that have already been taken. Our evaluation may also lead to additional cleanup or changes in how a regulatory agency may plan their actions at a site. While we don't typically dictate the exact actions needed, we can comment on whether a planned action is protective of public health or if additional actions might be needed.

Sometimes there aren't enough data to evaluate an exposure pathway (for example, vapor intrusion into homes, consumption of fish from nearby waterways). ATSDR may recommend additional sampling so we can evaluate potential exposure pathways.

ATSDR can also perform public health evaluations at sites or in situations that don't fall under any specific regulatory authority and therefore might not get an adequate response. Our petition program is unique in that we have the ability to do evaluations at any site where exposure to hazardous substances may present a health risk.

An important part of our evaluation process, as we've discussed earlier, is our interaction with communities and local stakeholders about our work. We work to engage local and state health departments as partners (both through our cooperative agreement program and through work ATSDR leads from HQ).

ATSDR develops fact sheets and other materials to make sure residents and local leaders are aware of our findings, where they can go for more information, and what they can do to protect themselves from harmful exposures. We are available to answer people's questions about their exposure and our work, and while we don't provide medical exams or treatment, we can coordinate consultations between a resident's personal physician and regional occupational or children's environmental health specialists. We have also done both site-focused and general environmental trainings for local physicians and medical care providers as well as community groups.

And I guess the takeaway message for this slide is through our assessments we have several ways to help protect the health of communities, and we don't wait for the final report to have our impact.

**Community Concern:**  
**Exposures to arsenic and lead at levels that  
cause adverse health effects**

**Potential Action:**

*ATSDR Exposure Investigation (collection of blood  
lead and urine arsenic with report) for Anaconda  
and Opportunity. Outreach to improve participation  
in long term PRP-funded biomonitoring for  
children. ATSDR MDs to work with local clinicians  
on best practices for environmental medicine.*

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**Community Concern:**  
**Dust from slag pile creates unhealthy levels of  
air contamination during wind events and  
during remediation**

**Potential Action:**

*Review previous air monitoring reports. Review  
dust suppression protocols for slag piles during  
construction to determine if they are protective.  
ATSDR summary report of findings. Consideration  
of air sampling; ATSDR design sampling plan with  
EPA.*

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## **Community Concern:** **Attic Dust clean ups will devalue (sic) homes**

### **Potential Action:**

*Provide health education on risks; offer ATSDR  
letter consultations to estimate potential risk and  
provide exposure prevention strategy.*

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## **Community Concern: Increased cancer in community**

### **Potential Action:**

*Request state conduct cancer incidence review based on state tumor registry (though noting this data has limitations). Continued involvement of state epidemiologist.*

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**Community Concern:**  
**Increased levels neuro-degenerative compared  
to other communities.**

**Potential Action:**

*Health education at local level; fund academic  
partner to evaluate MS incidence (include Butte);  
encourage participation in ATSDR ALS registry.*

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**Community Concern:**  
**Municipal water quality adversely effected (at  
the tap) by the slag used to backfill trenches  
that hold drinking water lines.**

**Potential Action:**

*Review sampling protocol. Sampling at tap.  
ATSDR analysis, interpretation and reporting of  
these data.*

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information to the public. For more information,  
visit us at [www.at-sdr.com](http://www.at-sdr.com) or call 1-800-458-5231.

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**Community Concern:**  
**Overall health of community is poor.**

**Potential Action:**

*Advocate for renewed public health needs assessment at the county level (the last was in 2013) to evaluate issues such as access to mental health care, addiction, and aging,*

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**Community Concern:**  
**Uptake of arsenic through gardening and  
consumption of local game presents a health  
risk**

**Potential Action:**

*Health education in partnership with MSU  
Agricultural Extension. Evaluate specific uptake of  
specific fruits and vegetables grown in region.  
Review of tissue samples (if any) previously taken  
through SF program.*

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**Community Concern:**  
**Confusion about where contamination is  
located. Unable to interpret letters explaining  
residential soil contamination**

**Potential Action:**

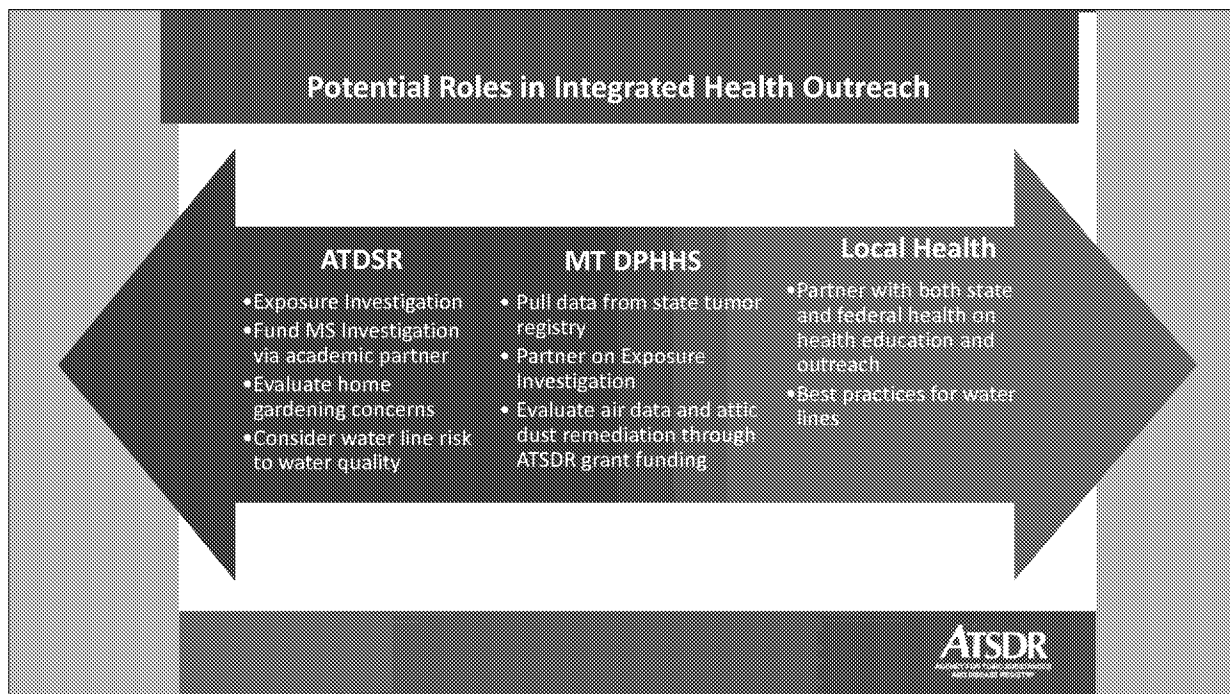
*Geospatial analysis in format easily understood by  
public. Health education and outreach. Capacity  
building at local level.*

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People often wonder how the Public Health Assessment process relates to EPA's Risk Assessment process done through the Superfund program.

While there are many similarities in the data and methods used in the two types of assessments, there are important differences in the purpose, goals, and "format" of PHAs vs. RAs.

## Presentation of the Plan to the Community

Next step in commitment to community.

- Present plan to community in public meeting format
- Likely mid-summer
- Begin recruitment for Exposure Investigation
- Renew Health Education in Anaconda

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## Moving Forward: Value in an Interagency Workgroup

- ATSDR
- EPA Region 8
- Montana DPPHS
- Anaconda Deer Lodge County
- Montana DEQ

- Crossover in data collection and interpretation
- Consistent outreach to the community
- Vision
  - Monthly meetings
  - Regular community engagement
  - Consistent messaging
  - Understand exposure pathways and perceptions of exposure



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DIAGNOSTIC & EVALUATION CENTER

We also use community input as we evaluate each exposure pathway. Typically we try to learn about community concerns from the beginning of our evaluation, but we continue to gather community input throughout our process.

Talking to people about their experiences at the site and their concerns helps us to do a better exposure assessment and address concerns as we prepare our report.

While community involvement is critical to our work, we don't have a one size fits all approach.

Later in the talk we'll give several examples of successful ATSDR/SRP collaborations focused on involving communities in health focused work at sites and addressing their questions and concerns.